



Filing ID #10022902

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Donna Shannon Pierce  
**Status:** Congressional Candidate  
**State/District:** SC04

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2018  
**Filing Date:** 05/14/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Columbia Investments [5P] LOCATION: SC		\$15,001 - \$50,000	Tax-Deferred		
Lake Home [RP] LOCATION: Hiawasee, GA, US		\$250,001 - \$500,000	None		
New York Life [WU]		\$50,001 - \$100,000	None		
Primary Residence [RP] LOCATION: Greenville, SC, US		\$250,001 - \$500,000	None		
Vanguard 401K [MF]		\$50,001 - \$100,000	None		

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
New Ocean Health System	Salary	\$200,000.00	\$200,000.00
Brits Brothers Gym	spouse business	\$5,000.00	N/A

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Sun Trust	October 2015	Home	\$100,001 - \$250,000

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Source (Name and Address)	Brief Description of Duties
Spartanburg Regional Health System (Spartanburg, SC, US)	75 hours of Clinical Consulting

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Donna Shannon Pierce , 05/14/2018